

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/522426	FILING DATE
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	
2	/		/				52	
3	/		/				53	
4	/		/				54	
5		4		/			55	
6		4		/			56	
7		4		/			57	
8		4		/			58	
9		0		/			59	
10		4		/			60	
11		4		/			61	
12		0		/			62	
13		0		/			63	
14		0		/			64	
15	/		/				65	
16		/		/			66	
17		2		/			67	
18	/		/				68	
19		/		/			69	
20	/		/				70	
21		/		/			71	
22	/		/				72	
23		/	/				73	
24	/		/				74	
25		/		/			75	
26		2		/			76	
27		0		/			77	
28	/		/				78	
29		0		/			79	
30		0		/			80	
31		0		/			81	
32		0		/			82	
33	/		/				83	
34	/		/				84	
35		/		/			85	
36		2		/			86	
37		2		/			87	
38	/		/				88	
39	/		/				89	
40		/		/			90	
41		2		/			91	
42		0		/			92	
43		0		/			93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.			14				TOTAL IND.	
TOTAL DEP.			29				TOTAL DEP.	
TOTAL CLAIMS			43				TOTAL CLAIMS	

PTO - 1360 (REV. 11/04)

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